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6509684517

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· MAY 2 5 2006

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7590 04/17/2006

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(Depositur's name)	Armstrong	
(Signature)	armatrono	ی
(Date)	5.2006	1

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/668,915	09/23/2003	Rickard C. Loftman	2003P09374US	2526

TITLE OF INVENTION: TRANSMIT BASED AXIAL WHITENING

APPLN, TYPE	SMALL ENTITY	ISSUB PER	PUBLICATION YEE	TOTAL FEE(S) DUE	DATEDUB
nonprovisional	NO	\$1400	\$300	\$1700	07/17/2006
EXAM	INER	ART UNIT	CLASS-SUBCLASS	7	
IMAM, ALI M		3737	600-437000		
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			or printing on the patent front page, I he names of up to 3 registered pate tents OR, alternatively, at name of a single firm (having as tered attorney or agent) and the namistered patent attorneys or agents. If I have no name will be printed.	at attorneys 1a member a 2ancs of up to	
3. ASSIGNEE NAME AND	RESIDENCE DATA TO BE	PRINTED ON THE PA	TENT (print or type)		

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(A) NAME OF ASSIGNEE

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Siemens Medical Solutions (	USA, Inc. Malvern, PA
Please check the appropriate assignee category or categories (will not be	e printed on the patent): 🔲 Individual 🚨 Corporation or other private group entity 🚨 Government
4a. The following fee(s) are enclosed:  ☐ Issue Fee ☐ Publication Fee (No small critity discount permitted) ☐ Advance Order - # of Copies	4b. Payment of Fee(s):  A check in the amount of the fee(s) is enclosed.  Payment by credit card, Form PTO-2038 is attached.  The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 9-2 (enclose an extra copy of this form).
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Authorized Signature Oul Typed or printed name Anand Sethuraman	Date 5/23/06  Registration No. 43,351
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